

16<sup>th</sup> June 2025

Dear ISAD committee,

**Re: Research Fellowship application by Dr Girum Assefa**

I would like to confirm that the Centre of Evidence Based Dermatology, University of Nottingham UK, are willing to host Dr Girum Assefa for 3 months in 2026 if his Research Fellowship application is successful. We will provide him with the support and resources required so that all the objectives in his application are successfully achieved.

If you need any further information, please do not hesitate to contact me.

Kind regards,

**Dr Sonia Gran BA MSc PGCE PhD FHEA**

**Dr Sonia Gran (nee Ratib)**

**Associate Professor of Medical Statistics**

Centre of Evidence Based Dermatology  
Academic Unit 4: Lifespan and Population Health  
School of Medicine  
Applied Health Services Research Building  
University of Nottingham  
Nottingham NG7 2RD

<https://www.nottingham.ac.uk/medicine/people/sonia.gran>



**University of  
Nottingham**

UK | CHINA | MALAYSIA

**PERSONAL STATEMENT**

**Dr. Girum Tedla Assefa –2025 ISAD Research Fellowship Candidacy**

As a Dermatovenereologist and Assistant Professor with over a decade of clinical and research experience in Ethiopia, I am deeply committed to advancing dermatological science and improving patient outcomes, particularly in resource-limited settings. The RAJKA 2025 ISAD Research Fellowship offers a crucial opportunity for advanced research training in a high-standard international center, vital for my continued growth and global impact.

My clinical practice has highlighted the significant psychosocial burden and quality of life issues faced by patients with chronic skin conditions, driving my research focus in these areas. My ongoing study on vitiligo in Southern Ethiopia, utilizing mixed-methods, exemplifies this dedication. While experienced, my recent NIH clinical research training underscores my proactive pursuit of specialized knowledge. This fellowship would provide essential, in-depth training in Atopic Dermatitis (AD) research, a critical area aligning with my interests in psychosocial impacts and health equity.

My work in community outreach and culturally sensitive interventions aligns perfectly with ISAD's "One Health" concept, connecting human health with broader environmental and societal factors. I believe my experience in diverse settings offers a unique perspective for global AD research, particularly in addressing health disparities.

I have a proven track record in securing and completing research grants, including a NORAD project that led to a peer-reviewed publication, and an ongoing Hawassa University grant. My prior international research experience in Japan also demonstrates my readiness for global collaboration.

My ambition is to become a leading researcher in global dermatology, contributing to evidence-based practices for underserved populations. This fellowship is instrumental in providing the advanced training, mentorship, and international network necessary to achieve this goal. I am confident my dedication and research acumen make me a highly suitable candidate for this prestigious opportunity.

## **CURRICULUM VITAE**

### **GIRUM TEDLA ASSEFA, MD, Dermatovenereologist**

Email: [girumt79@hu.edu.et](mailto:girumt79@hu.edu.et)

Phone: +251 911628897

Address: Hawassa University, College of Medicine and Health Sciences, Hawassa, Ethiopia

### **Summary**

Dedicated and accomplished Dermatovenereologist with over 10 years of experience in clinical practice, research, and medical education in Ethiopia. Currently serving as an Assistant Professor at Hawassa University, specializing in the diagnosis and management of prevalent skin diseases in resource-limited settings. Passionate about patient-centered care and conducting impactful research, particularly focusing on the psychosocial burden of chronic dermatological conditions and developing culturally sensitive interventions. Committed to advancing dermatology through evidence-based practice, academic leadership, and community engagement, with a strong foundation in both clinical care and medical training.

### **Education**

- **Specialty Certificate in Dermatovenereology**, Addis Ababa University, College of Health Sciences, Ethiopia, 2014
- **Residency in Dermatovenereology**, Addis Ababa University, Ethiopia, 2011–2013
- **Medical Doctorate (MD)**, University of Gondar, Ethiopia, 2003–2007
- **Introduction to the Principles and Practice of Clinical Research**, National Institutes of Health (Online), 2023–2024

### **Professional Experience**

**Assistant Professor of Dermatovenereology**, Hawassa University, College of Medicine and Health Sciences, Ethiopia, 2014–Present

- Provide expert clinical care to patients with a wide range of dermatological conditions at Hawassa University Comprehensive Specialized Hospital.
- Lead and contribute to research projects investigating the epidemiology, clinical patterns, and psychosocial impacts of skin diseases in Ethiopia. Currently leading a

pioneering study on the lived experiences and quality of life of individuals with vitiligo in Southern Ethiopia.

- Design and deliver comprehensive lectures and clinical training for medical students, contributing to curriculum enhancement and fostering future dermatologists.
- Initiate and participate in community outreach programs aimed at reducing stigma associated with skin diseases and improving access to dermatological care.

**Foreign Researcher and Teaching Staff (Medical English)**, Shimane University, Japan, 2018 (Short-term)

- Collaborated on dermatology research initiatives.
- Taught Medical English to enhance cross-cultural communication skills among medical professionals.

**Lecturer**, Gondar University, Ethiopia, 2009–2010

- Delivered lectures and practical training sessions for Health Officer students.
- Managed and treated patients with skin and venereal conditions under the supervision and in consultation with senior colleagues.

**Intern**, University of Gondar, Ethiopia, 2008-2009

### **Research Interests**

- Psychosocial impacts and quality of life in patients with chronic skin conditions (e.g., vitiligo, psoriasis) in underserved populations.
- Prevalence, clinical presentation, and management strategies for dermatological diseases endemic to Sub-Saharan Africa.
- Cultural perceptions of skin diseases and barriers to effective dermatology healthcare access in Ethiopia.
- Development and evaluation of culturally appropriate interventions for dermatological conditions.

### **Research Grants**

- **Hawassa University Research Grant, 2025–Present**
  - ✓ Secured competitive funding to conduct dermatological research in Southern Ethiopia. Currently writing the manuscript for publication.

- **NORAD Project Research Grant, 2020–2022**

- ✓ Successfully completed funded research within the stipulated timeline, published the resulting article in a peer-reviewed journal, and submitted a comprehensive report to the grant providers.

### **List of Publications**

1. **Assefa GT.** Acne necrotica in its entirety: when it starts, and after it evolves. International Medical Case Reports Journal. 2023;16:467-471. doi:10.2147/IMCRJ.S417604
  - **Authorship Position:** First and sole author.
2. **Assefa GT.** Granulosis rubra nasi: a case report and brief review of the literature. Case Reports in Dermatological Medicine. 2023;2023:3927244. doi:10.1155/2023/3927244
  - **Authorship Position:** First and sole author.
3. **Assefa GT, Asfaw TZ.** Isolated epididymal tuberculosis: case report and review of literature. International Journal of Science Reports. 2022;8(8):231-235. doi:10.18203/issn.2454-2156.IntJSciRep20221985
  - **Authorship Position:** First author.
4. **Assefa GT, Adane C, Nurhussein N.** Pattern of skin diseases among patients attending Hawassa University Comprehensive Specialized Hospital, Hawassa, Ethiopia. International Journal of Science Reports. 2021;7(5):261-265. doi:10.18203/issn.2454-2156.IntJSciRep20211474
  - **Authorship Position:** First author.
5. **Assefa GT, Kaneko S, Oguro H, Morita E.** Treatment of psoriasis and psoriatic arthritis with secukinumab after unsatisfactory response to ustekinumab in multiple sclerosis patient. J Dermatol. 2018;45(10):e319-e320. doi:10.1111/1346-8138.14619
  - **Authorship Position:** First author

### **Awards and Distinctions**

- Clinical Faculty Best Doctor of the Year, Hawassa University (awarded by final-year medical students), 2019
- Top Performer, Department of Dermatology, Addis Ababa University, 2014

## Professional Memberships

- Ethiopian Dermatovenereology Society
- African Dermatovenereology Society
- European Academy of Dermatology & Venereology

## Academic and Committee Roles

- Secretary, Faculty of Medicine Staff Promotion Committee, Hawassa University, 2020–Present
- Member, Task Force on Mental Health Support Services for Students, Hawassa University, 2020–Present
- Member, Continuous Quality Education Committee, Hawassa University, 2022–Present

## Skills

- **Clinical:** Expertise in dermatological assessment tools (e.g., Dermatology Life Quality Index, Vitiligo Area Severity Index), diagnosis, and management of diverse skin conditions. Experience in treating skin and venereal conditions.
- **Research:** Proficient in mixed-methods research design and execution, including quantitative analysis (SPSS, R) and qualitative analysis (NVivo). Experience in study design, data collection, analysis, and scientific writing.
- **Teaching & Mentoring:** Extensive experience in medical education, including lecturing, practical training, and student mentorship.
- **Language:** Fluent in Amharic, Sidama, and English. Experienced in culturally sensitive patient engagement and communication in diverse Ethiopian communities.
- **Grant & Project Management:** Strong capabilities in grant proposal writing, budget development, and project management, with a focus on community-based health interventions.

## References

### 1. Dr. Dagim Amenu

Head of Dermatovenereology Unit, Hawassa University

Email: Dagim@hu.edu.et

**2. Dr. Getasew Bayu**

Head of School of Medicine, Hawassa University

Email: [getasew@hu.edu.et](mailto:getasew@hu.edu.et)

## **PROJECT DESCRIPTION**

**Building Atopic Dermatitis Research Capacity in Ethiopia: A 3-Month Collaboration with the Centre of Evidence Based Dermatology, University of Nottingham, UK**

**Proposal Submitted to the ISAD Research Fellowship**

**Funding Requested: €10,000**

**Principal Investigator:**

Dr. Girum Assefa, MD

Dermatologist, Hawassa University Comprehensive Specialized Hospital

Hawassa University, Ethiopia

Email: girumt79@hu.edu.et

Phone: +251 911628897

**Host Supervisor:**

Dr. Sonia Gran, PhD

Centre of Evidence-Based Dermatology

University of Nottingham, United Kingdom

**Primary Institution:**

Hawassa University

Hawassa, Ethiopia

**Collaborating Institution:**

Centre of Evidence-Based Dermatology

University of Nottingham, United Kingdom

**Submission Date:**

June 15, 2025



## Contents

Abstract .....	2
1. Background .....	3
2. Rationale and Context.....	4
3. Objectives of collaboration .....	6
4. Project Timeline .....	6
4.1 Gantt Chart: Project Timeline .....	7
5. Anticipated outputs and Impact: (Months 1–3) .....	7
5.1 Anticipated Results (Months 1–3).....	7
5.2 Impact:.....	8
6. Project Value / Significance: .....	8
7. Research Team and Partnership .....	8
7.1 Patient and Public Involvement .....	9
8. Budget .....	10
8.1 Detailed Project Budget .....	10
8.2 Summary Table of Budget Allocation.....	11
8.3 Budget Justification .....	11
9. References .....	12

## **Abstract**

Funded by a €10,000 ISAD Research Fellowship, this project will establish North-South collaboration between Hawassa University, Ethiopia, and the University of Nottingham's Centre of Evidence-Based Dermatology (CEBD), UK, to investigate atopic dermatitis (AD) at Hawassa University Hospital. A 3-month visit at the CEBD will enable building research capacity by getting methodological support to develop a protocol for an epidemiological study. The visit at the CEBD will be followed by 7-month fieldwork in Ethiopia. Led by Dr. Girum Assefa, under Dr. Sonia Gran's primary supervision and Professor Hywel William's co-supervision, this will address the problem of lack of clinical and epidemiological AD data. Such data are essential to inform tailored management strategies by identifying unique clinical patterns to refine diagnostic criteria and treatment guidelines, assessing disease severity across demographics (e.g., urban vs. rural populations) to identify at-risk groups and guide targeted interventions, and contributing to global atopic dermatitis (AD) research, aligning with ISAD's mission.

## 1. Background

Atopic dermatitis (AD) is a chronic, relapsing inflammatory skin condition characterized by intense itching, eczematous lesions, and a significant impact on quality of life. Globally, AD affects up to 20% of children and 1-3% of adults, with prevalence varying by region [1]. In general, the clinical features of AD were similar throughout the world. However, some clinical features were highlighted as more common such as a higher frequency of palmar hyper linearity and lichenoid papular lesions, and extensor involvement, these observations underscored the expressed need for more in-depth studies of the AD phenotype in Black skin within African populations. [2,3]. To address this data gap, the Global Atopic Dermatitis Atlas (GADA), an initiative of the International League of Dermatological Societies (ILDS) with the International Alliance of Dermatology Patient Organizations (IADPO/Global Skin), International Eczema Council (IEC), European Task Force on Atopic Dermatitis (ETFAD), and International Society of Atopic Dermatitis (ISAD), is creating a standardized global atlas of AD prevalence, severity, and management.[4] This gap presently limits the development of tailored healthcare strategies for these populations because without accurate local data on prevalence, severity, and specific characteristics of AD in these populations, treatment guidelines developed in different contexts may be ineffective.

In Ethiopia, emerging evidence highlights AD's burden. A 2024 multicenter study in Southern Ethiopia found that 68% of pediatric AD cases were moderate-to-severe [5], while a report from Hawassa University Comprehensive Specialized Hospital (HUCSH) showed AD accounts for 12.4% of dermatological cases, making it the most common eczema subtype at the facility [6]. Ethiopia's resource-constrained healthcare system faces challenges in effectively managing chronic conditions like atopic dermatitis (AD) due to limited local data to guide clinical decision-making, identify at-risk populations, and allocate resources efficiently. Environmental factors, including climate, urban versus rural living, diet, breastfeeding practices, obesity, and pollution, significantly contribute to AD's rising prevalence and burden in Africa and the Middle East. [7,8] In Ethiopia, these factors are amplified by the country's diverse geography, extreme climatic variations, and socio-economic challenges (including varied altitudes, climates ranging from

temperate highlands to arid lowlands, and the impact of urbanization on traditional lifestyles and diets), making a targeted study essential to inform tailored management strategies. Despite the WHO's introduction of multiple modules in the 'Atopic Dermatitis with a Focus on Sub-Saharan Africa: Training for National and District-Level Health Workers,' primary healthcare providers still exhibit significant gaps in their knowledge and management of atopic dermatitis. [9] This research at HUCSH will generate localized data on AD's clinical profile, severity, and associated factors to support effective interventions for reducing the burden of AD, triaging patients more efficiently, and addressing the significant gaps in healthcare workers' knowledge and implementation of WHO AD guidelines.

## **2. Rationale and Context**

The absence of region-specific, high-quality clinical and epidemiological data on atopic dermatitis (AD) in Ethiopia forces healthcare providers to rely on clinical guidelines from high-income countries. These guidelines are often unsuitable due to differences in genetic predisposition, environmental exposures, socioeconomic factors, and healthcare resources, resulting in suboptimal patient outcomes. While useful approaches like the WHO/International Society of Atopic Dermatitis (ISAD) guidelines aim to bridge this gap with educational resources, their tangible success in improving patient outcomes has been limited.

Specifically, the lack of local data means that:

- **Diagnosis may be delayed or misdiagnosed:** Clinical presentations can differ in African skin types, and without local benchmarks, clinicians may struggle to identify AD accurately.
- **Treatment approaches are not optimized:** Guidelines from high-income countries may recommend treatments that are unavailable, unaffordable, or less effective for specific AD phenotypes seen in Ethiopian populations.
- **Public health interventions are not targeted:** Without understanding the prevalence and risk factors within the local context, efforts to prevent and manage AD at a population level cannot be effectively implemented.

This study at Hawassa University Comprehensive Specialized Hospital (HUCSH) will address this gap by generating localized insights into AD's clinical profile, severity, and demographic associations, essential for improving diagnosis, tailoring management strategies, and targeting interventions for at-risk groups in Ethiopia.

Conducting rigorous clinical research in a low- and middle-income country (LMIC) like Ethiopia requires specialized expertise in research methodology, protocol development, epidemiology, biostatistics, and data management, which are not fully available locally. The 3-month fellowship phase at the University of Nottingham's Centre of Evidence-Based Dermatology (CEBD), a global leader in evidence-based dermatology, is critical to overcoming these challenges. This phase leverages CEBD's expertise to:

- Conduct a literature review on AD in African populations, focusing on clinical characteristics, prevalence, severity, and treatment responses.
- Develop a protocol with an important, feasible, and answerable research question.
- Provide basic literature searching, epidemiological, and biostatistics training for Dr. Girum Assefa.
- Prepare and submit an ethical approval application to HUCSH's Institutional Review Board.

The €10,000 ISAD Research Fellowship funding for this preparatory phase is a strategic investment to ensure methodological rigor and ethical integrity. By building research capacity and establishing North-South collaboration with CEBD, this phase lays the foundation for future collaboration and subsequent high-quality fieldwork in Ethiopia, maximizing the study's potential to inform Ethiopia-specific clinical practices. This study offers unique insights into AD by examining how its prevalence and severity are shaped by Ethiopia's diverse geography, extreme climatic variations, and unique socio-economic and cultural practices, providing invaluable data from an underrepresented population to advance global AD research and inform context-specific interventions.

### **3. Objectives of collaboration**

The overall aim of this collaboration is to build research capacity at Hawassa University, Ethiopia, through a structured North-South partnership, leading to the generation of high-quality local clinical and epidemiological data on AD.

#### **Primary Objectives during the CEBD Phase (Months 1-3):**

- Conduct a comprehensive literature review on AD's clinical profile, severity, and associated factors, specifically focusing on African populations to develop and refine the research question
- Develop a robust research protocol for the Ethiopia fieldwork.
- Submit an ethical approval application to the HUCSH Institutional Review Board (IRB).

#### **Primary Objectives during the Ethiopia Phase (Months 4-10, subsequent funding):**

- Describe the clinical profile of AD patients at HUCSH, detailing lesion morphology, distribution, and common comorbidities.
- Assess AD severity using the SCORAD (Severity Scoring of Atopic Dermatitis) index, adapted for darker skin types.
- Examine associations between clinical profile, severity, and demographic factors (e.g., age, sex, urban/rural residence).

### **4. Project Timeline**

Total Duration: 3 months

#### **Months 1-3 (CEBD Phase, UK):**

- Conduct a comprehensive literature review on AD, emphasizing African populations, focusing on clinical presentations, epidemiology, and treatment responses.
- Refine research question(s) and develop a detailed research protocol for the Ethiopia phase
- Consult with Tigist Kassa and Enisha Temesgen, local AD patients, for feedback on the research protocol via remote communication.

- Submit an ethical approval application to the HUCSH IRB, prepared with CEBD guidance.
- Discuss long-term collaboration with CEBD staff, documenting future partnership plans.
- Observe and attend research meetings related to study design, epidemiology and biostatistics

#### 4.1 Gantt Chart: Project Timeline

Task	Month 1	Month 2	Month 3
Training (Epidemiology, Biostatistics)	X	X	X
Discuss Long-term Collaboration	X	X	X
Comprehensive Literature Review	X	X	
PPI Consultation (Tigist & Enisha)		X	
Develop Research Protocol		X	X
Submit Ethical Approval			X

#### 5. Anticipated outputs and Impact: (Months 1–3)

This section outlines the anticipated results and impacts of the 3-month fellowship phase at the University of Nottingham's Centre of Evidence-Based Dermatology (CEBD), UK, laying the foundation for a robust study on atopic dermatitis (AD) at Hawassa University Hospital, Ethiopia.

##### 5.1 Anticipated Results (Months 1–3)

- A literature review manuscript synthesizing AD's clinical profile, severity, and associated factors in African populations, ready for journal submission. (JEADV)
- A methodologically robust research protocol for the Ethiopia study, detailing methodology and analysis plans.
- Ethical application submitted to HUCSH IRB.
- Documentation of literature searching, epidemiological and biostatistics training and CEBD research observations, enhancing Dr. Assefa's skills.

- A partnership plan outlining long-term collaboration between Hawassa University and CEBD.

## **5.2 Impact:**

- **Research Capacity:** Dr. Assefa's training in research design, epidemiology and biostatistics strengthens Hawassa University's dermatology research expertise.
- **Study Foundation:** The protocol and tools ensure reliable data collection, enhancing the study's validity and reliability.
- **Collaboration:** Formalized Hawassa-CEBD research partnership.
- **Knowledge Contribution:** The literature review fills gap in AD research for African populations.
- **Fieldwork Readiness:** Ethical and methodological preparation enables a seamless transition to Ethiopia fieldwork.

While the study's broader impact on patient care and policy depends on its full completion, this phase establishes the capacity, framework, and partnerships essential for achieving significant outcomes, aligning with the ISAD Research Fellowship's mission to advance dermatological research and address health disparities.

## **6. Project Value / Significance:**

This project represents a crucial investment in dermatological research capacity and health equity, establishing a methodologically rigorous foundation for future high-impact atopic dermatitis study in Ethiopia.

## **7. Research Team and Partnership**

- **Principal Investigator:** Dr. Girum Assefa, MD, Dermatologist, HUCSH, Ethiopia.
  - **Role:** Conduct all activities during the 3-month fellowship at CEBD, including literature review, protocol development, ethical application submission, and training. Lead the subsequent 7-month fieldwork in Ethiopia, supervising data collection and the research assistant.
- **Host Primary Supervisor:** Dr. Sonia Gran, PhD, CEBD, University of Nottingham, UK.



- **Role:** Provide methodological support, guide research design, epidemiology, biostatistics, and protocol development, and facilitate training workshops.
- **Host Co-Supervisor:** Professor Hywel Williams, CEBD, University of Nottingham, UK.
  - **Role:** Provide clinical expertise in AD, ensuring clinical relevance and advising on severity assessment and data interpretation.
- **Research Assistant:** To be recruited in Ethiopia.
  - **Role:** Assist in data collection and logistics during the 7-month fieldwork phase, under Dr. Assefa's supervision. Their salary and protected time for data collection and logistics during the 7-month Ethiopia fieldwork phase will be sought through separate, subsequent funding applications. This individual will receive training from Dr. Assefa, leveraging the capacity built during the CEBD fellowship.
- **Patient Collaborator:** Enisha Temesgen & Tigist Kassa, individual with atopic dermatitis, Ethiopia.
  - **Role:** Provide feedback on the research protocol to ensure it is patient-centered and relevant to the local context.

This North-South partnership leverages CEBD's expertise in evidence-based dermatology and HUCSH's clinical resources. Through CEBD mentorship and systematic review workshops, Dr. Girum Assefa will strengthen skills in research design, analysis, and publication, building a foundation for sustainable dermatology research at Hawassa University.

### 7.1 Patient and Public Involvement

To ensure the study reflects the needs and perspectives of patients, we will involve Tigist Kassa and Enisha Temesgen, a local individual with atopic dermatitis, as a collaborator. She will provide feedback on the research protocol during its development phase (months 1-3). Consultations will be conducted remotely, as she is based in Ethiopia while the protocol is drafted at CEBD in the UK. Furthermore, Ms. Tigist and Enisha's input will be sought as necessary during the 7-month Ethiopia fieldwork phase to maintain the study's ongoing relevance and patient-centered focus.

## 8. Budget

Total Budget: €10,000

The €10,000 ISAD Research Fellowship funds the 3-month phase at the University of Nottingham's Centre of Evidence-Based Dermatology (CEBD), supporting Dr. Girum Assefa's training, literature review, protocol development, ethical submission preparation, and collaboration activities. Costs are based on 2025 Nottingham rates, with training and research materials (journal access, software, printing, biostatistics resources) provided free by CEBD.

### 8.1 Detailed Project Budget

- **Travel & Accommodation: €5,500**

- Round-trip flight (Addis Ababa to London/Nottingham): €800 (economy-class, including taxes).
- UK visa fees: €200 (3-month visitor visa).
- Accommodation in Nottingham: €3,600 (€1,200/month × 3 months, modest university housing or budget apartment).
- Local transportation: €900 (€300/month, bus/train for CEBD commuting and essential travel).

- **Subsistence Allowance: €3,500**

- Daily living expenses (food, incidentals): €1,167/month × 3 months = €3,500 (~€39/day, aligned with Nottingham's cost of living for a visiting researcher).

- **Patient and Public Involvement: €56**

- Compensation for Tigist Kassa and Enisha Temesgen for providing feedback on the protocol, € 28 for each of them.

- **Contingency: €944**

- 10% of budget for unforeseen expenses (e.g., travel delays, minor supplies, or logistical challenges).

**Subtotal:** €5,500 + €3,500 + €56 + €944 = €10,000

## 8.2 Summary Table of Budget Allocation

Item	CEBD Phase (Months 1–3)
Travel & Accommodation (Fellow)	5,500
Subsistence Allowance (Fellow)	3,500
Patient and Public Involvement	56
Contingency	944
<b>Total</b>	<b>10,000</b>

## 8.3 Budget Justification

The €10,000 ISAD Research Fellowship budget supports the 3-month CEBD phase, enabling Dr. Girum Assefa's immersion in a world-class research environment for capacity building and study preparation. Travel and accommodation (€5,500) cover economy flights, a UK visa, modest housing, and local transport, ensuring Dr. Assefa's presence and mobility at CEBD. Subsistence (€3,500) provides a reasonable ~€39/day for living expenses, allowing full focus on research tasks (literature review, protocol development, epidemiological and biostatistics training, ethical submission preparation, and collaboration discussions). Patient and Public Involvement (€56) compensate Tigist Kassa and Enisha Temesgen for their feedback on the protocol, enhancing the study's relevance to patients. A contingency of €944 (approximately 9.44% of the budget) safeguards against unforeseen costs, ensuring project continuity.

CEBD's in-kind contribution of free journal access, software (e.g., EndNote), printing, stationery, and biostatistics training resources enhances cost-effectiveness, maximizing the fellowship's impact. This budget excludes the Ethiopia fieldwork phase (e.g., patient recruitment, data collection), for which separate funding will be sought from relevant international dermatological societies, global health research funders or philanthropic organizations (e.g. la roche-posay research grants) to support the fieldwork phase. This strategic investment leverages CEBD's expertise and Hawassa University's clinical context to build a methodological and collaborative foundation for impactful AD research, aligning with ISAD's mission to advance dermatological science and reduce health disparities in underrepresented regions.

## 9. References

1. Langan, S. M., et al. (2020). Atopic dermatitis. *The Lancet*, 396(10247), 345–360.
2. Schmid-Grendelmeier P, Takaoka R, Ahogo KC, et al. Position Statement on Atopic Dermatitis in Sub-Saharan Africa: current status and roadmap. P. Schmid-Grendelmeier et al; 2025.
3. Maspero, J., et al. (2019). Understanding the burden of atopic dermatitis in Africa and the Middle East. *Dermatology and Therapy*, 9(2), 223–232.
4. Global Atopic Dermatitis Atlas. About GADA. Accessed June 8, 2025. <https://www.atopicdermatitisatlas.org/en/gada/about-gada>
5. Kelbore AG, Enbiale W, van Wyk JM, Mosam A. Atopic dermatitis in Ethiopian children: a multicenter study of clinical severity, characteristics, and sociodemographic factors. *Frontiers in Medicine*. 2024; 11:1410310. doi:10.3389/fmed.2024.1410310
6. Assefa GT, Adane C, Nurhussein N. Pattern of skin diseases among patients attending Hawassa University Comprehensive Specialized Hospital, Hawassa, Ethiopia. *International Journal of Science Reports*. 2021;7(5):261-265. doi:10.18203/issn.2454-2156.IntJSciRep20211474
7. Al-Afif KAM, Buraik MA, Buddenkotte J, Mounir M, Gerber R, Ahmed HM, et al. Understanding the Burden of Atopic Dermatitis in Africa and the Middle East.
8. Kaufmann, B. P., et al. (2023). Phenotypes, endotypes and genotypes of atopic dermatitis in populations of African ancestry. *Frontiers in Allergy*, 4, 1084730.
9. Alqahtani SM, Awaji BH, Mahdi AM, et al. Assessment and Management of Atopic Dermatitis in Primary Care Settings: A Systematic Review. *Cureus*. 2023;15(9):e44560. doi:10.7759/cureus.44560